

APPENDIX C

Sexual Assault Forensic Examiner (SAFE) Program Standards, Sexual Assault Forensic Examiner (SAFE) Standards and Sexual Assault Forensic Examiner (SAFE) Training Program Standards, Requirements and Applications

SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) PROGRAM STANDARDS AND REQUIREMENTS

INTRODUCTION

The goals of the SAFE program are to:

1. Provide timely, compassionate, patient-centered care in a private setting that provides emotional support and reduces further trauma to the patient;
2. Provide quality medical care to the patient who reports sexual assault, including evaluation, treatment, referral and follow-up;
3. Ensure the quality of collection, documentation, preservation and custody of physical evidence by utilizing a trained and New York State Department of Health (DOH) certified sexual assault forensic examiner to perform the exam;
4. Utilize an interdisciplinary approach by working with rape crisis centers and other service providers, law enforcement and prosecutors' offices to effectively meet the needs of the sexual assault victim and the community;
5. Provide expert testimony when needed if the patient chooses to report the crime to law enforcement; and,
6. Improve and standardize data regarding the incidence of sexual assault victims seeking treatment in hospital emergency departments.

A comparison of general hospital and SAFE program responsibilities for the care and treatment of victims of sexual assault is included in Appendix D.

SAFE PROGRAM MODELS

The SAFE Program may be housed within the emergency department or in an easily accessible area nearby. Increasingly, hospitals provide a separate sexual assault medical/forensic unit, in an easily accessible area near, but not necessarily within, the emergency department.

Some hospitals may develop a self-contained SAFE program that utilizes hospital staff trained as sexual assault forensic examiners. A self-contained hospital SAFE program will retain responsibility for recruiting, ensuring training and clinical competence of and maintaining call rosters for SAFE staff. Hospitals may use a variety of methods to do this. For example, the hospital may elect to have emergency department staff trained as sexual assault forensic examiners available on each shift. The hospital may need to have another employee on-call to take over the usual duties of the examiner at the time the examiner assumes responsibility for the care of a sexual assault patient. Alternatively, the examiner may be an employee of the hospital, listed on an "on-call" schedule at times when s/he is not on duty. The sexual assault forensic examiner is called in to care exclusively for the sexual assault patient.

The Department will consider alternative program models that demonstrate clear accountability and oversight for the program and comply with relevant laws, regulations and program standards and requirements for SAFE programs. For example, hospitals with a low volume of sexual assault patients may wish to participate in a regional network system. Under the network program, regionally-based, trained examiners will be available to provide sexual assault exams at several hospitals in a region. The examiners are employees of an outside group (e.g., another hospital, a

Visiting Nurse Service (VNS) or a private practice). The group serves one or more hospitals and travels to the location of the sexual assault patient. In this model, the hospitals which apply for SAFE programs have examiners from this outside group on-call. The SAFE program must ensure that sexual assault forensic examiners who are on call from an outside group have been appropriately certified by the Department of Health and have been credentialed by the SAFE program hospital.

A hospital must agree to ensure that the following minimum requirements are met throughout its designation as a SAFE program.

1. Appropriate administrative and clinical oversight is provided to the program;
2. SAFE programs are affiliated with and integrated into the policies and procedures and operations of the hospital, particularly the emergency department;
3. Initial and ongoing assessment of competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by the Department (see Specialized Staff Training and Availability, further on in this appendix);
4. A well-functioning system to provide triage and assessment;
5. A well-functioning on-call and back-up call schedule has been developed so that the patient is met by an examiner within 60 minutes of the patient's arrival in the hospital, except when the patient does not disclose a sexual assault at the time of triage, or under exigent circumstances;
6. The rape crisis center is contacted immediately to ensure that a rape crisis advocate is available to offer services to the patient;
7. Medical/surgical backup is readily available to the sexual assault forensic examiner;
8. An appropriately equipped, private, designated room that can accommodate disabled patients and with access to a shower is available when needed for sexual assault exams;
9. Medical treatment and forensic examination of sexual assault survivors is provided in compliance with all relevant laws and regulations and consistent with generally accepted standards of care, including the Department's *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*;
10. Prophylaxis for sexually transmitted infections, HIV and hepatitis B, and prophylaxis against pregnancy resulting from a sexual assault (emergency contraception) is provided on site;
11. The New York State Sexual Offense Evidence Collection Kit is used unless a patient refuses to have evidence collected and evidence is maintained and collected as required by PHL 2805-i;
12. The Drug Facilitated Sexual Assault kit is used when applicable;
13. Replacement clothing is provided to the patient before leaving the hospital;
14. Referral and follow-up regarding medical treatment is provided;
15. Patient is referred to counseling and support and other needed services;
16. Safe discharge is assured for the patient;
17. Medical and forensic SAFE services are appropriately documented;
18. Information is collected related to the provision of services to victims of sexual assault and confidentiality of the data is ensured; and,
19. An effective system of continuous quality improvement is established to ensure SAFE medical and forensic services are in compliance with generally accepted standards of care.

In all models, the hospital's obligation to provide medical screening and emergency treatment or transfer per the US Emergency Medical Treatment and Labor Act

(EMTALA) 42 USC 1395 (dd) remains the same. For all sexual assault patients who require medical transfer, forensic evidence collection should be done at the hospital accepting the transferred patient.

SAFE services do not replace the care that would normally be provided to patients in an emergency department. Sexual assault patients will receive the same intake and screening that any patient would receive in any emergency department. However, under the SAFE Program, sexual assault patients will be accorded a high priority in the emergency department and can be transferred to the SAFE program as soon as is medically feasible.

Hospital emergency staff should immediately implement the following protocol upon arrival of the patient in the emergency department:

- Provide triage and assessment in a timely manner (See Attachment V for an example of a standardized assessment tool for sexual assault patients. SAFE Programs should take into account local protocols and interdisciplinary requirements when developing a standardized assessment tool);
- Contact the sexual assault forensic examiner when the patient discloses that s/he has been sexually assaulted;
- Contact a rape crisis advocate at the same time that contact is made to the sexual assault forensic examiner;
- Be available for consultation and support of the SAFE program and sexual assault forensic examiner;
- Assist in obtaining necessary tests and medications; and,
- Assist in arranging referrals and follow-up services.

In addition, the SAFE program and the examiner must have readily available access to medical/surgical back-up as needed, which, in addition to the emergency department, may include: general surgery, obstetrics/gynecology, pediatrics, urology and psychiatry.

INTERDISCIPLINARY MODEL

SAFE programs are required to participate in an interdisciplinary/community task force. The task force should be formalized through a Memorandum of Understanding. The task force should include representation from the following: the hospital SAFE program, the emergency department, local colleges (including security and health services), hospital administration, the local Rape Crisis Center, law enforcement, prosecuting attorneys (including a special sex crimes unit, where available), emergency medical services and other health and human service agencies that may provide follow-up services to victims of sexual assault. This task force should be actively engaged in assessing community need and in developing new SAFE programs and should convene on an ongoing basis to ensure coordination and resolution of issues related to existing programs. The task force can also assist with outreach and education efforts and can provide follow-up services for victims of sexual assault.

Hospitals already participating in a sexual assault task force whose mission or goal is consistent with the above will be considered to meet this requirement. If there is a sexual assault task force already serving the community, it is not recommended that hospitals establish a new task force. In areas where there is a regional network system, a single task force involving several hospitals, the provider of sexual assault

examiner services, the rape crisis center(s), as well as other appropriate organizations, may be sufficient for program development and ongoing coordination.

Public Health Law requires hospitals to inform survivors of rape crisis services available within the geographic area and to contact the Rape Crisis Center to provide the services of a rape crisis advocate. This works most effectively when the advocate is called at the same time the sexual assault examiner is contacted and offers to provide services directly to the patient. Hospitals applying for SAFE program status must have a cooperative agreement(s) with a local Rape Crisis Center(s) to ensure that all survivors are offered the assistance of a rape crisis advocate. The New York State Department of Health Rape Crisis Program funds over 50 Rape Crisis Centers providing services at over 75 sites. A list of these programs is appended (Appendix M).

The Department has established standards for Rape Crisis Centers in training rape victim advocates. Advocates who complete the training can, by law, provide confidential services to victims of sexual assault. Rape Crisis Center victim advocates' primary focus is to provide calm, consistent support to the patient. While advocates do not provide health care or collect evidence, they enhance the efforts of health care staff through the provision of information regarding medical and legal options. They can provide the intervention necessary when patients first arrive for treatment; assist patients in understanding the health care and evidence collection procedures; and, counsel family members or friends who may accompany the patient. Advocates are the bridge to the care and services required following the hospital visit.

ORGANIZATION/STAFFING

The hospital must ensure administrative as well as clinical oversight for the SAFE program to ensure that care provided to rape victims is consistent with generally accepted standards of care. SAFE programs must have a Program Director designated to provide oversight and coordination related to the program. If the Program Director is a clinician, s/he may also directly provide SAFE examination services, however the Director's role in directly providing care should be limited in light of other duties.

The Program Director's position must be integrated within the hospital administrative structure, reporting to the director of the emergency department or the director of nursing, or other appropriate area. The Program Director will be the liaison with other areas of the hospital and with members of the interdisciplinary/community task force.

For some existing SAFE programs, a Program Director has been designated who has been hired through some other community-based agency, such as a Rape Crisis Center. In those cases, an individual employed by or affiliated with the hospital(s) where SAFE services are provided must be designated to coordinate SAFE activities in the hospital setting in conjunction with the community-based program.

The Program Director coordinates SAFE staffing, either directly, in a self-contained hospital model, or indirectly through another agency, such as the Visiting Nurse Service in a regional network model. This includes recruiting, education and continuing education, preceptorships, certification and re-certification, and establishing on-call and back-up schedules for examiners. The Program Director works with the interdisciplinary/community task force in developing a community outreach and education plan for the SAFE program.

A medical director for the program is recommended but not required. If there is no medical director for the program, the hospital must ensure that the SAFE program is integrated within the hospital's clinical oversight and quality improvement structure. The hospital must also ensure that physicians and other qualified staff in the hospital emergency department are readily available to write prescriptions, order tests, and perform other functions appropriate as defined within their professional scope of practice.

SPECIALIZED STAFF TRAINING AND QUALIFICATIONS

The key component of the SAFE program is a cohort of specially trained individuals who have been prepared through an intensive classroom and preceptor training program to conduct complete sexual assault medical-forensic examinations, collect and preserve evidence and present testimony in the prosecution of sexual assault cases. Every DOH-approved SAFE program is required to have specially trained examiners who are certified by the Department of Health and credentialed according to the individual institution's procedures to provide forensic examinations to sexual assault victims.

Qualifications

The Department of Health has developed standards for sexual assault forensic examiners (Appendix C - Section II). The Department will certify individual sexual assault forensic examiners who meet these standards (see Attachment III for certification application). These standards apply to registered nurses, nurse practitioners, physician assistants, and physicians who complete special training in the areas of sexual assault and forensic evidence collection

An individual requesting certification by the NYS Department of Health as a sexual assault forensic examiner must perform within the scope of practice of the discipline in which s/he holds a license and certify on the required form and provide evidence to the NYS Department of Health that s/he:

1. Holds a current license to practice as a registered nurse, nurse practitioner, physician assistant or physician in the State of New York; and,
2. Has a minimum of one year, full-time clinical post-graduate experience; and,
3. Has successfully completed at least a 40 hour didactic and clinical training course approved by the New York State Department of Health. Individuals who can demonstrate competence in some or all of the course objectives required for DOH approval may be eligible for exemption from those components of the course; (See Training Requirements) and,
4. Has completed a competency-based post-course preceptorship; and,
5. Has successfully demonstrated all key didactic and clinical competencies to a NYSDOH-approved training program; and,
6. Has a signed letter from the SAFE Program or other provider or institution ensuring qualified medical oversight of the sexual assault forensic examiner; or,

7. Has certification as a sexual assault nurse examiner-adult/adolescent (SANE-A) from the International Association of Forensic Nurses (IAFN) and has a signed letter from the SAFE Program or other provider or institution ensuring qualified medical oversight of the sexual assault forensic examiner.

The Department will also re-certify a sexual assault forensic examiner every three years. An individual who is requesting re-certification by the NYS Department of Health as a sexual assault forensic examiner must certify on the required form and provide evidence to the NYS Department of Health that s/he:

1. Completed of a minimum of fifteen (15) hours of continuing education in the field of forensic science in the past three years;
2. Maintained competency in providing sexual assault examinations. Based upon the examiner's performance of sexual assault examinations during the preceding year, the medical director of the SAFE program or other appropriate institution shall attest to the examiner's continuing competency. If the examiner has had more than a one year lapse in service during the three year period, the medical director should explain how competency was maintained or updated, i.e., via repeating training or by other means;
3. Will be provided with qualified clinical oversight as a sexual assault forensic examiner. A signed letter from the SAFE Program or other provider or institution will satisfy this requirement.

Didactic training must be provided through a training program that has been approved by the NYS Department of Health. Only training programs which demonstrate to the Department the ability to provide training that meets the minimum standards and requirements and enter into a formal agreement with the Department can provide training related to the Department's issuance of certificates of qualification. (See Attachment IV for Training Program Agreement, Appendix C - Section III for Training Program Standards, and Attachment VI for Training Program Application.)

TREATMENT PROTOCOL/STANDARD OF CARE

The Sexual Assault Reform Act (SARA) requires that, absent exigent circumstances, or unless the patient does not disclose a sexual assault at the time of triage, the sexual assault forensic examiner must meet the patient within 60 minutes of arriving at the hospital. In those rare circumstances when a SAFE program does not have a sexual assault examiner available to perform the examination of the sexual assault patient, the hospital must ensure that the examination and associated treatment is provided in a manner that is consistent with Department standards as described below. An on-call schedule consistent with services available should be established. The Department may review a hospital's compliance with SAFE Program standards and rescind a hospital's designation when standards are not being met, e.g., if on-call coverage in a SAFE program falls below an acceptable limit.

Services must comply with all applicable state and federal laws, regulations and standards, including, but not limited to:

- NYS Public Health Law Section 2805-i, Treatment of sexual offense patients and maintenance of evidence in a sexual offense;
- NYS Public Health Law Section 2805-p, Emergency Treatment of rape survivors;
- Regulations Title 10 NYCRR 405.9(c) and 405.19(c)(4), Establishment of hospital protocols and maintenance of sexual offense evidence;
- The Department of Health *HIV Prophylaxis Following Sexual Assault: Guidelines for Adults and Adolescents*;
- The Department of Health *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*; and
- The Sexual Assault Reform Act (SARA), Chapter 1 of the Laws of 2000.

The New York State Department of Health has issued the *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*, to provide a standard of care to ensure appropriate, consistent and compassionate medical care and forensic evidence collection. SAFE programs, as well as other hospital providers of services to victims of sexual assault, must follow the protocol for treatment and evidence collection as described in the *Protocol*. The *Protocol* correlates with the New York State Sexual Offense Evidence Collection Kit. Hospitals designated as SAFE programs must use the New York State standardized evidence collection kit and instructions. For information regarding treatment of suspected child sexual abuse victims, see Attachment VII.

FACILITIES/ EQUIPMENT

SAFE programs are required to have a private, designated room for the performance of exams. The exam room must have access to a shower and must be accessible to the disabled. If possible, there should be a separate waiting area available to the family or friends of the survivor. Required equipment and supplies include the following:

- A universally accessible exam table
- A dedicated colposcope, with the ability to photo document
- An anoscope
- A camera and film
- An ultraviolet light source and bulbs
- A swab dryer
- Specula in different sizes, preferably with light illumination
- A supply cart and all necessary supplies
- Portable stand for setting up equipment and supplies
- Locked storage, if needed
- Beepers and/or cell phones as needed
- Phlebotomy equipment
- Other necessary medical supplies
- Other necessary forensic supplies, including brown paper bags, plain labels and envelopes, toluidine blue stain, tape, white paper for collecting trace evidence, forensic urine collection containers
- Office supplies for the SAFE Program Director
- Replacement clothing for patients to leave the hospital
- New York State Sexual Offense Evidence Collection Kits
- Drug Facilitated Sexual Assault kits (available through DCJS)

- Sexual assault patient literature for patient information and resources
- Comprehensive sexual assault assessment forms (see Appendix V for sample assessment form)
- Crime Victim's Board (CVB) claim forms and information, and
- Copy(ies) of the *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*.
- Emergency contraception brochure for patients either from DOH or approved by DOH.

DATA/EVALUATION

SAFE programs are required to keep data related to their activities. These data will enable the SAFE program and the hospital to document the extent of the problem, the level of service, determine the cost of the service and provide information for program planning, quality improvement and evaluation purposes. These data must be provided to the Department of Health and the Division of Criminal Justice Services (if funded by them) on a quarterly and annual basis for use in program monitoring and public health and criminal justice planning. Only aggregate, de-identified data will be provided to these state agencies. The Department may require additional information for program monitoring or statutory or other reporting purposes. At a minimum, hospital SAFE programs approved by the Department will be required to collect the following data on a quarterly and annual basis:

- The number of personnel who are certified as sexual assault forensic examiners;
- The number of sexual assault victims who present at the hospital for services;
- The response time of the sexual assault examiner from the time the call was made to the time the examiner arrived;
- The number of sexual assault exams performed by DOH certified sexual assault forensic examiners;
- The number of sexual assault exams performed by personnel other than DOH certified sexual assault forensic examiners;
- The number of victims seeking services who could not be served;
- The number of inpatient admissions resulting from sexual assaults;
- The number of patients served by age, racial/ethnic status and gender;
- Insurance payer status of victims;
- The number of patients accompanied by a rape crisis advocate;
- The number of patients who refused the services of a rape crisis advocate;
- The number of patients who took HIV prophylaxis;
- The number of patients who refused or were ineligible for HIV prophylaxis;
- The number of patients who took prophylaxis against pregnancy related to a sexual assault (emergency contraception);
- The number of examinations where the patient chose to report sexual assault to law enforcement;
- The number of examinations where the patient declined to report sexual assault to law enforcement;
- The number of sexual assault evidence collection kits completed for sexual assault forensic examinations;
- The number of drug facilitated sexual assault kits completed;

- The number of those kits released to law enforcement at the time of the exam;
- The number of those kits released to law enforcement after the exam was completed;
- The number of victims who refuse to have evidence collected; and
- In collaboration with the interdisciplinary task force, the number of sexual assault case dispositions by SAFE and non-SAFE staff to the extent possible, including:
 - the number of arrests
 - number of cases referred to prosecution
 - number of convictions by plea bargaining
 - number of convictions by trial
 - number of cases dropped.

Additional data requirements may be identified by the Department.

NOTE: All hospitals will be required to fill out ICD-CM E-codes (external cause of injury codes) for emergency room patients reporting rape or sexual assault (E960.1) when the SPARCS system is initiated for emergency rooms. This will permit the Department to compare SAFE program hospitals to other institutions in terms of the numbers of these patients treated in SAFE programs compared to hospitals without SAFE programs.

CONTINUOUS QUALITY IMPROVEMENT

Pursuant to 10 NYCRR 405.9 and 405.19, hospitals are required to establish protocols regarding the care of patients reporting sexual assault, and to maintain evidence. These protocols apply to all units in which sexual assault victims are treated; including but not limited to medicine, surgery, emergency, obstetric and gynecology, pediatric, mental health, outpatient and inpatient services, and the range of subspecialty services appropriate for victims of sexual assault.

Each hospital must develop and implement written policies and procedures establishing an internal quality improvement program to identify, evaluate, resolve and monitor actual and potential problems in patient care. SAFE programs should be integrated within the hospital's overall quality improvement plan. For SAFE programs quality improvement components shall include, but not be limited to the following:

1. Chart audit performed periodically on a statistically significant number of sexual assault patient records. The hospital must designate an individual(s) to periodically review sexual assault patient records, along with other appropriate information, to determine the following:
 - How long did the patient wait from arrival to exam commencement?
 - Were appropriately trained staff available to examine the patient?
 - Was all of the necessary equipment available?
 - Was a rape crisis program advocate called to accompany the patient?
 - Was consent appropriately obtained from the patient?
 - Did the patient receive appropriate medical treatment?
 - Was HIV prophylaxis recommended in all cases, where appropriate, per DOH protocol?
 - Was HIV prophylaxis made available on-site to all clients requesting this preventive measure?

- Did the patient receive appropriate counseling related to pregnancy prophylaxis?
 - Did the patient receive on-site pregnancy prophylaxis, if requested?
 - Did the patient receive treatment for STIs?
 - Was forensic evidence collected in a manner that was consistent with law, regulations and standards, including maintenance of the chain of custody?
 - Was an appropriate medical and psychosocial referral and follow-up plan developed for the patient?
 - Was safe discharge assured for the patient?
 - Was confidentiality maintained?
2. A system for developing and recommending corrective actions to resolve identified problems; and
 3. A follow-up process to assure that recommendations and plans of correction are implemented and are effective.

Hospitals designated as SAFE programs are encouraged to work with other area hospitals that have not established SAFE programs to improve the quality of their response to sexual assault patients.

RESOURCE INFORMATION

The following resources are available for hospitals wishing to develop SAFE programs:

- The New York State Department of Health has issued *a Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*. The *Protocol* has been revised to provide a standard of care that ensures appropriate, consistent and compassionate medical care and forensic evidence collection. Copies of the *Protocol* will be provided to all hospital emergency departments. Additional copies of the *Protocol* can be obtained by contacting the New York State Department of Health, Bureau of Women's Health Rape Crisis Program at (518) 474-3664.
- The federal Office for Victims of Crime has developed a "SANE Development and Operation Guide" through the national Sexual Assault Resource Service in Minneapolis, Minnesota. Copies of the guide can be obtained by calling or through the website, www.SANE-SART.com.
- The New York State Coalition Against Sexual Assault (NYSCASA) provides technical assistance to individual programs and coordinates trainings that include Sexual Assault Examiners as well as criminal justice personnel, college security personnel, and Rape Crisis Center advocates. For more information, call NYSCASA at (518) 482-4222.
- The New York City Alliance Against Sexual Assault's Forensic Healthcare Program (FHP) supports the development of Sexual Assault Examiner Programs in New York City by offering ongoing forums for service providers to share information, by organizing an interdisciplinary committee for healthcare providers, rape crisis programs, law enforcement and criminal justice personnel, and through provision of technical assistance to individual programs. For additional information or copies of publications, please call the FHP at (212) 523-5344.

New York State Department of Health (NYSDOH) Standards for the Sexual Assault Forensic Examiner

A. INTRODUCTION

The initial response a victim of rape or sexual assault receives when seeking health care or reporting the crime has a profound influence on that individual's subsequent recovery. The treatment of sexual assault victims by health care providers and the criminal justice system has not been universally adequate. In response to a lack of consistent, adequate and sensitive care, across the nation there has been an emergence and use of health care practitioners known as Sexual Assault Examiners (SAE), Sexual Assault Nurse Examiners (SANE), and Sexual Assault Forensic Examiners (SAFE). These terms are often used interchangeably, but the term SAFE will be used throughout this document. The NYSDOH will certify all appropriately qualified individuals as Sexual Assault Forensic Examiners (SAFEs).

In New York State, comprehensive and high quality medical care, collection of forensic evidence, and respectful and sensitive treatment comprise the standard of care for rape and sexual assault victims presenting at health care settings. The Department of Health recommends the use of SAFEs in all hospitals to assist in meeting this standard. The use of DOH-certified SAFEs is required in hospitals seeking SAFE designation.

These practitioners are committed to ensuring the best medical, legal, and psychological outcomes for the adult victim of sexual assault. They are specially trained to provide care to victims of sexual assault. They are skilled in collecting and preserving forensic evidence to support prosecution and are prepared to provide testimony in a court of law, if the victim decides to report the crime to law enforcement. They provide compassionate emotional support to the victim of sexual assault.

In New York State, sexual assault forensic examiners should work closely with rape crisis victim advocates, other health care providers, police, and prosecutors to form an interdisciplinary team which effectively and compassionately responds to the victim's needs. The results of this interdisciplinary approach are tangible: better outcomes for the victim; comprehensive and high quality health assessment and treatment, better collection and preservation of evidence; and, an increased chance of arrest and conviction of the perpetrator of the crime, if the victim chooses to report the crime. As a member of that team, the sexual assault forensic examiner is responsible for maintaining the highest level of confidentiality, as the needs of the victim are addressed.

The health care setting is often the first institutional contact for the rape victim. Therefore, the Department has developed the following standards associated with the use of sexual assault forensic examiners in the health care setting.

The Department will certify SAFEs based upon these standards. The standards include the qualifications, roles and responsibilities, training and continuing education necessary to be a sexual assault forensic examiner in New York State. These standards are consistent with existing New York State Department of Health laws, regulations and protocols.

B. QUALIFICATIONS

An individual who requesting certification by the NYS Department of Health as a sexual assault forensic examiner must certify on the required form and provide evidence to the NYS Department of Health that s/he:

1. Holds a current license to practice as a registered nurse, nurse practitioner, physician assistant or physician in the State of New York; and,
2. Performs within the scope of practice of the discipline in which s/he holds a license; and,
3. Has a minimum of one year, full-time clinical post-graduate experience; and,
4. Has successfully completed at least a 40 hour didactic and clinical training course approved by the New York State Department of Health. Individuals who can demonstrate competence in some or all of the course objectives required for DOH approval may be eligible for exemption from those components of the course; (See Training Requirements) and,
5. Has completed a competency-based post-course preceptorship. Under the supervision of a preceptor, the individual is provided with the opportunity to refine skills in performing pelvic exams, identifying injuries, using specialized equipment, collecting evidence and documenting injuries. In addition, during the preceptorship, opportunities should be provided to give the examiner the opportunity to understand the roles and responsibilities of the other professionals that interact with sexual assault survivors. For example, the examiner may observe the work of a rape crisis center, law enforcement agency, including the crime lab, the district attorney's office and a courtroom; and,
6. Has successfully demonstrated all key didactic and clinical competencies to a NYSDOH-approved training program; and,
7. Has a signed letter from the SAFE Program or other provider or institution ensuring qualified medical oversight of the sexual assault forensic examiner; **or**,
8. Has certification as a sexual assault nurse examiner-adult/adolescent (SANE-A) from the International Association of Forensic Nurses (IAFN) and has a signed letter from the SAFE Program or other provider or institution ensuring qualified medical oversight of the sexual assault forensic examiner.

The Department will also recertify a sexual assault forensic examiner every three years. An individual who is requesting recertification by the NYS Department of

Health as a sexual assault forensic examiner must certify on the required form and provide evidence to the NYS Department of Health that s/he:

1. Completed of a minimum of fifteen (15) hours of continuing education in the field of forensic science in the past three years;
2. Maintained competency in providing sexual assault examinations. Based upon the examiner's performance of sexual assault examinations during the preceding year, the medical director of the SAFE program or other appropriate institution shall attest to the examiner's continuing competency. If the examiner has had more than a one year lapse in service during the three year period, the medical director should explain how competency was maintained or updated, i.e., via repeating training or by other means; and,
3. Will be provided with qualified clinical oversight as a sexual assault forensic examiner. A signed letter from the SAFE Program or other provider or institution will satisfy this requirement.

C. ROLES & RESPONSIBILITIES

The roles of the sexual assault forensic examiner are to:

1. Ensure that the services of a trained rape crisis advocate have been offered to the patient prior to treatment, and work with the advocate to ensure victim needs are met;
2. Maintain patient confidentiality;
3. Provide the sexual assault patient with victim-centered, sensitive care which includes a comprehensive medical assessment and evaluation, including a thorough medical examination;
4. Document injuries;
5. Collect and preserve quality forensic evidence using the New York State Sexual Offense Evidence Collection Kit and Drug Facilitated Sexual Assault Kit where appropriate and maintain the chain of custody;
6. Provide prophylaxis for STIs, HIV and pregnancy prevention if the patient so desires;
7. Refer the patient to follow-up medical and psychological care;
8. Refer the patient to other emergency medical services as needed;
9. Provide testimony as to findings when needed, if the patient reports the crime, and the case is prosecuted; and,
10. Testify as an expert witness.

The sexual assault forensic examiner is not to be considered the victim's advocate; to do so would be a conflict in roles and could compromise the sexual assault forensic examiner's position in the courtroom. The role of the rape crisis advocate is to provide the victim with emotional support, advocacy, information, counseling, and accompaniment services, and to facilitate informed decision-making at a time when the victim may be in crisis.

In order to maintain the sexual assault forensic examiner's status as an objective and expert witness, it is recommended that the following information be provided by a Rape Crisis Advocate. In the absence of the Rape Crisis Advocate, the sexual assault forensic examiner may provide information about:

1. Civil and criminal court proceedings and availability of accompaniment and support throughout the legal process;
2. Availability of crime victims' compensation benefits; and,
3. Availability of crisis intervention, telephone and in-person counseling services.

Sexual assault forensic examiner services must comply with all applicable state and federal laws, regulations, standards and protocols listed below.

- NYS Public Health Law Section 2805-i, Treatment of sexual offense patients and maintenance of evidence in a sexual offense;
- NYS Public Health Law Section 2805-p, Emergency Treatment of rape survivors;
- Regulations Title 10 NYCRR 405.9(c) and 405.19(c)(4), Establishment of hospital protocols and maintenance of sexual offense evidence;
- The Department of Health *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*;
- The Department of Health *HIV Prophylaxis Following Sexual Assault: Guidelines for Adults and Adolescents*;
- The Sexual Assault Reform Act (SARA), Chapter 1 of the Laws of 2000

D. QUALITY ASSURANCE

The sexual assault forensic examiner is required to participate in and comply with the quality assurance/improvement programs of the facility in which (s)he works. This includes, but is not limited to participating in training; demonstrating competence to provide appropriate care and treatment of patients who have been sexually assaulted, and updating that competence when new procedures/techniques are introduced. It also includes participating in efforts to identify, evaluate, resolve and monitor actual and potential problems in patient care.

New York State Department of Health (NYSDOH)
Standards for the Sexual Assault
Forensic Examiner Training Programs

Programs that can provide SAFE training:

- ▶ Accredited college or university;
- ▶ School of Nursing or Medicine;
- ▶ Hospital continuing education program;
- ▶ Other institutions able to meet DOH training standards.

Any training program must be able to provide continuing education credits, course credits or contact hours.

Training should be conducted by:

- ▶ Instructors who have demonstrated training experience and expertise in the field of forensic science and sexual assault; and,
- ▶ At least one faculty member must be an active DOH certified sexual assault forensic examiner.

Training Standards

Training should be conducted that is consistent with:

- ▶ New York State Department of Health *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*;
- ▶ New York State Department of Health Standards for Sexual Assault Forensic Examiners (Appendix C - Section III);
- ▶ New York State Department of Health Standards for Sexual Assault Forensic Examiner Programs (Appendix C - Section I);
- ▶ New York State laws and regulations promulgated in relation to the treatment of sexual assault;
- ▶ Any standards developed by the International Association of Forensic Nurses and other such standards developed nationally, as appropriate; and
- ▶ Such other requirements as the Department of Health determines are necessary to ensure that certified SAFE examiners have been trained in a manner which is consistent with applicable laws, rules, regulation, protocols, current standards of care, and the goals of the SAFE program set forth in the program standards and requirements for Sexual Assault Forensic Examiner Programs.

Other training requirements:

Programs must:

- ▶ Have a formalized, 40 hour curriculum, inclusive of a clinical component;
- ▶ The curriculum, course schedule and teaching strategies shall be submitted to the Department for prior approval. Such materials shall be designed to ensure that individuals completing the course have the training and experience necessary to provide services in a manner which is consistent with all applicable laws, rules,

regulations, protocols, current standards of care, and goals of the SAFE program set forth in the program standards and requirements for Sexual Assault Forensic Examiner Programs (see Attachment III) and at a minimum shall include:

- a. Comprehensive training in the dynamics of sexual assault, types of sexual assaults, myths and facts about sexual assault, post traumatic stress and rape trauma syndrome, reactions of survivors and significant others, and the importance of a victim-centered, cooperative, interdisciplinary approach in the treatment of sexual assault survivors;
 - b. The roles and responsibilities of the sexual assault forensic examiner;
 - c. Identifying the components of crisis intervention and supportive techniques to be used with sexual assault survivors;
 - d. Cultural/community considerations;
 - e. Providing services to individuals with disabilities;
 - f. Injury detection and documentation;
 - g. Identifying the elements of physical assessment and evaluation of the patient reporting sexual assault;
 - h. The collection and handling of forensic evidence;
 - i. Documentation procedures;
 - j. Testing for and treatment of sexually transmitted diseases (syphilis, gonorrhea, chlamydia);
 - k. Testing for and treatment of blood-borne diseases (e.g., HIV, hepatitis B, hepatitis C);
 - l. Pregnancy risk assessment, pregnancy testing, and provision of emergency contraception;
 - m. Use of specialized equipment (colposcope, camera, imaging, photography);
 - n. Observing and practicing the clinical skills in completing the exam;
 - o. Judicial processes and providing courtroom testimony;
 - p. Adolescents: parental rights/patient rights;
 - q. Confidentiality and consent;
 - r. Relevant laws, regulations and NYS standards;
 - s. Drug facilitated sexual assault;
 - t. Interviewing skills;
 - u. Ethical issues;
 - v. Long term effects of sexual assault; and,
 - w. Follow-up, referral.
- ▶ The curriculum and associated materials must be updated as needed to reflect new medical and forensic standards for the treatment of victims of sexual assault;
 - ▶ Provide sufficient clinical preceptorship and training experiences for students under qualified supervision;

Training programs must:

- ▶ Keep an accurate record of attendance for each segment of the course;
- ▶ Have regular course evaluation and pre- and post-testing of recipients;
- ▶ Issue documentation of completion to each participant who has successfully demonstrated mastery of all key didactic and clinical competencies required for certified sexual assault forensic examiners;

- ▶ Report to the Department of Health the successful completion of demonstrated mastery of all key didactic and clinical competencies for each participant; and,
- ▶ Collect data as specified by the Department of Health regarding the number of individuals trained, as well as other required data, for the submission to the Department, as needed.

**NEW YORK STATE DEPARTMENT OF HEALTH
SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) PROGRAM
PROVIDER AGREEMENT**

THIS AGREEMENT, made this day of 20 , by and between THE PEOPLE OF THE STATE OF NEW YORK, acting by and through the Commissioner of Health (hereinafter referred to as the STATE) Party of the First Part, and the

a facility licensed pursuant to Public Health Law, Article 28, hereinafter referred to as the PROVIDER, Party of the Second Part;

W I T N E S S E T H:

Whereas, under of the provisions of Article 28 of the New York State Public Health Law, the STATE has general responsibility and jurisdiction over matters related to care provided in hospitals;

Whereas, the care to survivors of rape and sexual assault is a vital component of health care for the residents of New York; and,

Whereas, the New York State Legislature has authorized the Commissioner of Health to set standards and designate hospitals as Sexual Assault Forensic Examiner (SAFE) Programs through enactment of the Sexual Assault Reform Act; and

Whereas, the New York State Department of Health has established standards for comprehensive sexual assault forensic examination services and programs; and,

NOW, THEREFORE, for and in consideration of the mutual promises and covenants herein set forth, the parties agree as follows:

1. The PROVIDER shall provide comprehensive services to victims of rape and sexual assault in accordance with generally accepted standards of practice and patient services and the minimum requirements set forth by the Department. Comprehensive SAFE services shall, at a minimum, include the components of patient care described in the Department's *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*, and the Department's Sexual Assault Forensic Examiner Program

- Standards and Requirements, which are attached hereto and hereby made a part of this AGREEMENT.
2. The PROVIDER shall comply with the Codes, Rules and Regulations of the New York State Department of Health, with appropriate articles of the Public Health Law, and with all other pertinent Federal, State and local laws and regulations.
 3. The PROVIDER shall notify the STATE of circumstances resulting in the inability of the PROVIDER to perform activities and services required under this AGREEMENT.
 4. The STATE, its employees, representatives, and designees shall have the responsibility for determining adherence to this AGREEMENT, as well as the quality of services being provided. The STATE shall conduct such site visits and program reviews as it deems necessary to assess the quality of services being provided and performance under this AGREEMENT.
 5. The PROVIDER shall assure the STATE and its authorized representatives have ready access to all project sites and all financial, clinical and other records and reports relating to the project. The STATE shall have full access to all patient medical records consistent with all legal requirements regarding patient privacy and confidentiality.
 6. The PROVIDER shall make available to the STATE upon request any technical data, information or materials developed for and related to the activities required under this AGREEMENT. This includes, but is not limited to, copies of studies, reports, surveys, proposals, plans, patient charts, schedules and exhibits as may be required and appropriate to the monitoring and evaluation of activities and services required under this AGREEMENT.
 7. The PROVIDER shall maintain program reports including financial, administrative, utilization and patient care data in such a manner as to allow the identification of expenditure, revenue and utilization data associated with health care provided under this AGREEMENT. Records containing the information as described in this paragraph, including patient-specific records, shall be available at all times to the STATE upon request and shall be subject to audit. Patient records shall be held by the STATE in strict confidence, and patients' rights to privacy shall not be abrogated, in accordance with Article 27F of the Public Health Law and 10 NYCRR Part 63.
 8. The PROVIDER shall provide the STATE with reports and data, as required by the Department. All required reports and data shall be completed in a manner satisfactory and acceptable to the STATE.
 9. The PROVIDER shall indemnify and hold the STATE harmless from and against any and all claims, costs, expenses (including attorney's fees), losses and liabilities of whatsoever nature arising out of, occasioned by, or in connection with the PROVIDER'S performance under this AGREEMENT. This clause shall survive the termination of this agreement howsoever caused.

10. The STATE may cancel this AGREEMENT at any time giving to the PROVIDER not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled. Cause for cancellation of this AGREEMENT shall include but not be limited to failure of the PROVIDER to comply with the terms of this AGREEMENT, including but not limited to, failure to provide care consistent with law, regulations and requirements related to SAFE programs; failure to provide the Department with accurate and timely reporting, including program data; and, failure to permit appropriate Department access to perform program and patient record reviews.
11. The PROVIDER may request cancellation of this AGREEMENT with 90 days notice to the STATE, and with submission of an acceptable transition plan, when there are extenuating circumstances adversely affecting the PROVIDER. Such cancellation must be requested in writing and include a description of the basis for the request, and shall require approval by the STATE. Such approval shall not be unreasonably withheld. The PROVIDER will continue to be responsible for providing services to patients consistent with requirements for all hospitals.
12. This AGREEMENT shall be effective for the period beginning _____ and may continue in effect thereafter with the consent of both parties.

PROVIDER

By: _____
(Signature of CEO)

(Print Name)

(Title)

(Facility Name)

Article 28 Operating Certificate Number

THE PEOPLE OF THE STATE OF
NEW YORK

By: _____
Division of Family Health

Sexual Assault Forensic Examiner Program (SAFE) Hospital Application

INSTRUCTIONS TO FACILITY

Article 28 Hospitals interested in DOH certification as a Sexual Assault Forensic Examiner (SAFE) center of excellence **must** complete this application.

This is a survey of your hospital's capacity to provide SAFE Program services as required by the Sexual Assault Reform Act (SARA), which became effective February 1, 2001. Your response to the questions in this application will be used to measure your facility's compliance with SAFE standards.

Please print or type responses and number all attachments sequentially. Return the completed questionnaire to:

Rape Crisis Program
Bureau of Women's Health
New York State Department of Health
Governor Nelson Rockefeller Empire State Plaza
Corning Tower, Room 1805
Albany, New York 12237-0621

Facility Information

Permanent Facility Identifier Operating Certificate Number

Name of Facility _____

No. and Street _____

City _____ State _____ Zip Code _____

Telephone Number _____ County _____

Institutional Contact Person: (please print)

Telephone MI Ext. Last

Certification of Information

NOTE: All Article 28 hospitals applying must complete this section.

I, _____,
(please print CEO's name and title)

having legal custody of the information contained herein, do hereby attest that the attached information is true and correct.

Name of Facility Signature of CEO of facility

In the county of _____ Address _____

Mo. Day Year

Section A. Service Data

Please complete the following using the most recent calendar year of data available. Indicate year for which data are provided (____) and the source of the data (_____).

Estimated number of sexual assault patients seen in the hospital in the year indicated.

Section B. Organization and Staffing

In a narrative not to exceed five pages, describe the proposed organization and staffing of the program, including the following:

1. Administrative oversight of the program, including:
 - Name and title of the Program Director;
 - Percent of time the Program Director will be dedicated to the program;
 - A copy of an organization chart and a description of reporting relationships for the SAFE program;
 - A description of the Program Director's role in administering the program, including the percent of time the Director will provide direct care (if any);
2. Clinical oversight for the SAFE Program;
 - Describe how clinical oversight for the program will be provided; if there is no medical director for the program, describe how day-to-day clinical oversight will be ensured and ordering of tests, writing prescriptions, etc., will be handled;
3. Describe how the hospital's emergency department will coordinate with and support the activities of the SAFE program and sexual assault forensic examiners; and,
4. Describe how the hospital will ensure initial and ongoing competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by the Department.

Section C. Hospital Service Model

1. Is the proposed SAFE program to be (check only one):

- ☐ self-contained
☐ regional network model
☐ other (specify) _____

2. Describe the model and how it will operate in a narrative not to exceed one page. For regional network models, the narrative should describe the hospitals participating in the network, the agency providing sexual assault forensic examiner services, the organization and coordination of services within the network, etc.

3. SAFE services are proposed to be provided:

- ☐ in the hospital emergency department
☐ in the hospital in a location near the emergency department
☐ other (specify) _____

4. Is there a program similar to the proposed DOH certified SAFE program currently in operation in your facility? ☐ Yes ☐ No

5. In a narrative not to exceed five pages, applicants must provide a description of services offered or proposed under the SAFE model. The description must include how the hospital will ensure:
 - a. Appropriate administrative and clinical oversight is provided to the program;
 - b. SAFE programs are affiliated with and integrated into the policies and procedures and operations of the hospital, particularly the emergency department;
 - c. Initial and ongoing assessment of competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by the Department (see Specialized Staff Training and Availability, SAFE Program Standards and Requirements; also, see Sexual Assault Forensic Examiner Standards.)
 - d. A well-functioning system to provide triage and assessment;
 - e. A well-functioning on-call and back-up call schedule has been developed so that the patient is met by an examiner within 60 minutes of the patient's arrival in the hospital, except when the patient does not disclose a sexual assault at the time of triage, or under exigent circumstances;
 - f. The rape crisis center is contacted immediately to ensure that a rape crisis advocate is available to offer services to the patient;
 - g. Medical/surgical backup is readily available to the sexual assault forensic examiner;
 - h. An appropriately equipped, private, designated room that can accommodate disabled patients and with access to a shower is available when needed for sexual assault exams;
 - i. Medical treatment and forensic examination of sexual assault survivors is provided in compliance with all relevant laws and regulations and consistent with generally accepted standards of care, including the Department's *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*;
 - j. Prophylaxis for sexually transmitted diseases, HIV and hepatitis B, and prophylaxis against pregnancy resulting from a sexual assault (emergency contraception) is provided on site;
 - k. The New York State Sexual Offense Evidence Collection Kit is used unless a patient refuses to have evidence collected, and evidence is maintained and collected as required by PHL 2805-i;
 - l. The Drug Facilitated Sexual Assault Kit is used as appropriate;
 - m. Replacement clothing is provided to the patient before leaving the hospital;
 - n. Referral and follow-up regarding medical treatment is provided;
 - o. Patient is referred to counseling and support and other needed services;
 - p. Safe discharge is assured for the patient;
 - q. Medical and forensic SAFE services are appropriately documented;
 - r. Information is collected related to the provision of services to victims of sexual assault and confidentiality of the data is ensured; and,
 - s. An effective system of continuous quality improvement is established to ensure SAFE medical and forensic services are in compliance with generally accepted standards of care.

Section D. Interdisciplinary Task Force

In a narrative not to exceed one page, describe the proposed interdisciplinary task force and how this task force will be utilized to develop, maintain and coordinate the SAFE program. See

the SAFE standards for a description of the purpose of the task force and recommended membership.

Section E. Facilities/Equipment

1. In a narrative not to exceed one page, describe the private, designated room and equipment to be used for the SAFE program, including arrangements for individuals with physical disabilities.
2. Indicate the equipment and supplies that will be available to the SAFE program by checking the items below:
 - a. ☐ A universally accessible examining table;
 - b. ☐ A dedicated colposcope with the ability to photo document;
 - c. ☐ An anoscope;
 - d. ☐ A camera and film;
 - e. ☐ An ultraviolet light source and bulbs;
 - f. ☐ A swab dryer;
 - g. ☐ Specula in different sizes, preferably with light illumination;
 - h. ☐ A supply cart and all necessary supplies;
 - i. ☐ Locked storage;
 - j. ☐ Beepers and/or cell phones;
 - k. ☐ Phlebotomy equipment;
 - l. ☐ Other necessary medical supplies;
 - m. ☐ Other necessary forensic supplies, including brown paper bags, plain labels and envelopes, toluidine blue stain, tape, white paper for collecting trace evidence, forensic urine collection containers;
 - n. ☐ Office supplies for the SAFE Program Director;
 - o. ☐ Replacement clothing for patients to wear when leaving the hospital;
 - p. ☐ New York State Sexual Offense Evidence Collection Kits;
 - q. ☐ Drug Facilitated Sexual Assault kits (available through DCJS);
 - r. ☐ Comprehensive sexual assault assessment forms;
 - s. ☐ Crime Victims' Board (CVB) claim forms and information;
 - t. ☐ Copy(ies) of the *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*;
 - u. ☐ Sexual assault patient literature; and,
 - v. ☐ Emergency contraception brochures for patients (from DOH or approved by DOH).

Section F. Data and Evaluation

In a narrative not to exceed one page, indicate the hospital's willingness to collect SAFE program data as described in the "SAFE Program Standards and Requirements". Describe how data will be collected and the plan for utilizing the data for program planning, continuous quality improvement and evaluation.

Section G. Continuous Quality Improvement

In a narrative not to exceed two pages, describe the hospital's quality improvement plan to ensure medical and forensic SAFE program services are consistent with laws and regulations

and with generally accepted standards of care, including the NYSDOH *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault* and "SAFE Program Standards and Requirements".

Hospitals designated as SAFE programs are encouraged to work with other area hospitals that have not established SAFE programs to improve the quality of their response to sexual assault patients.

Application for New York State Department of Health
Certification for Sexual Assault Forensic Examiner (SAFE)

Applicant Information

Name: _____ Date: _____
Last First MI Mo. Day Year

Address: _____
Street Apt# City State Zip

Telephone: _____ E-Mail: _____

Fax: _____ County(ies) of Practice: _____

Applicant Type: ☐ Registered Nurse ☐ Physician
(check only one) ☐ Nurse Practitioner ☐ Physician Assistant

License Number: _____

IAFN SANE-A certified: ☐ Yes ☐ No

Type of Certification Requested:
☐ Initial ☐ Re-certification

For DOH use only:

- ☐ All checklist documentation provided
- ☐ Documentation missing: _____
- ☐ Qualifications reviewed. Comments: _____

- ☐ Status: _____
- ☐ Certification granted. Effective dates: _____ to _____
- ☐ Entered into database: _____
Date

CHECKLIST OF ATTACHED DOCUMENTATION

Initial Certification

- ☐ Copy of current license
 - ☐ Proof of a minimum of one year, full-time clinical experience post-graduate
 - ☐ A signed letter (of agreement) from the SAFE Program or other provider or institution that will provide qualified medical oversight. The name of the program is:

 - ☐ Proof of successful completion of at least a 40 hour didactic and clinical training program conducted by a Department of Health-approved Sexual Assault Forensic Examiner training program, including documentation by the training program that mastery of all key didactic and clinical competencies has been demonstrated
 - ☐ Proof of successful completion of a competency-based preceptorship.
- OR
- ☐ IAFN Certification (attach certificate) and has a signed letter (of agreement) from the SAFE Program or other provider or institution that will provide qualified medical oversight. The name of the program is:

(Refer to Standards for DOH Certified Sexual Assault Forensic Examiners)

For Re-certification Only

- ☐ Documentation of successful completion of 15 hours of continuing education in forensic science during the previous three years
- ☐ Proof that competency in providing sexual assault examinations has been maintained.
- ☐ A signed letter (of agreement) from the approved health service facilities or sexual assault forensic examiner program, as appropriate, affirming that qualified clinical oversight will continue to be provided.

Signature of Applicant _____ Date _____

NEW YORK STATE DEPARTMENT OF HEALTH
SEXUAL ASSAULT FORENSIC EXAMINER (SAFE)
TRAINING PROGRAM PROVIDER AGREEMENT

THIS AGREEMENT, made this day of 20 , by and
between THE PEOPLE OF THE STATE OF NEW YORK, acting by and through
the Commissioner of Health (hereinafter referred to as the DEPARTMENT) Party
of the First Part, and the

hereinafter referred to as the PROGRAM, Party of the Second Part;

W I T N E S S E T H:

Whereas, under of the provisions of Article 28 of the New York State
Public Health Law, the DEPARTMENT has general responsibility and jurisdiction
over matters related to care provided in hospitals; and

Whereas, the care to survivors of rape and sexual assault is a vital
component of health care for the residents of New York; and

Whereas, the New York State Legislature has authorized the
Commissioner of Health to set standards and designate hospitals as Sexual
Assault Forensic Examination (SAFE programs), as well as to certify sexual
assault forensic examiners through enactment of the Sexual Assault Reform Act;
and

Whereas, the New York State Department of Health has established
standards for comprehensive sexual assault forensic examination services and
for certification of sexual assault forensic examiners; and

Whereas, the New York State Department of Health has established
minimum standards for didactic and clinical training for certified sexual assault
forensic examiners and requires that such training occur in a program approved
by the Department; and

Whereas, the PROGRAM plans to offer didactic and clinical training
programs for certified sexual assault forensic examiners and has expressed an
interest in being approved by the Department as a program which meets the
minimum standards for didactic and clinical training for certified sexual assault
forensic examiners;

NOW, THEREFORE, for and in consideration of the mutual promises and
covenants herein set forth, the parties agree as follows:

1. The PROGRAM agrees to provide comprehensive training to individuals

consistent with the curriculum, course schedule, teaching strategies and other material submitted to, and approved by, the Department, as well as all standards and course content which are appended hereto and made a part of this agreement;

2. The PROGRAM agrees to utilize instructors who have demonstrated training experience and expertise in the field of forensic science and sexual assault. At least one faculty member must be an active DOH certified sexual assault forensic examiner;
3. The PROGRAM agrees to update the curriculum and associated materials as needed to reflect new medical and forensic standards for the care and treatment of victims of sexual assault, and agrees to provide such curriculum changes and associated materials to the DEPARTMENT for review, on request;
4. The PROGRAM agrees to keep an accurate record of attendance for each segment of the course, utilize regular evaluation, including pre- and post-testing of participants, and issue documentation of completion to each participant who has satisfactorily demonstrated mastery of the didactic and clinical training for certified sexual assault forensic examiners;
5. The PROGRAM agrees to provide documentation to those individuals who have demonstrated mastery of the didactic and clinical training for certified sexual assault forensic examiners. This documentation will also be provided to the DEPARTMENT in a timely manner;
6. The PROGRAM agrees to provide the DEPARTMENT with ready access to any and all training sites while training is being conducted and to any and all written curricula, course schedules, faculty credentials and related information, records, reports, and other relevant materials;
7. The PROGRAM shall notify the DEPARTMENT of circumstances resulting in the inability of the PROGRAM to perform activities and services required under the AGREEMENT;
8. The PROGRAM shall make available to the DEPARTMENT upon request any technical or course evaluation data, including, but not limited to, the number of individuals trained or the results of pre- and post-training testing related to the training program;
9. The PROGRAM shall indemnify and hold the DEPARTMENT harmless from and against any and all claims, costs, expenses (including attorney's fees), losses and liabilities of whatsoever nature arising out of, occasioned by, or in connection with the PROGRAM performance under this AGREEMENT. This clause shall survive the termination of this agreement howsoever caused.
10. Upon approval of the submitted course curriculum, course schedule, teaching strategies and other required materials, satisfactory demonstration of the PROGRAM's ability to comply with all requirements of this agreement, and execution of this agreement by both parties, the DEPARTMENT agrees to provide Program with a certificate stating that the training program meets the minimum standards and requirements for didactic and clinical training for certified sexual assault forensic examiners;

11. The PROVIDER agrees to provide oversight of any preceptorships of candidates seeking SAFE Examiner Certification within the program, which shall include, but not be limited to, ensuring experienced certified sexual assault forensic examiners directly oversee examinations and procedures performed by candidates on sexual assault survivors and provide guidance and evaluation as necessary until the program determines the candidate has the training and experience necessary to perform such examinations and procedures in a manner that is consistent with SAFE standards, sexual assault protocols and any other applicable standards of care.
12. The DEPARTMENT, its employees, representatives and designees shall have the responsibility for determining adherence to this and may require immediate remedial action to ensure that such PROGRAM is provided in a manner which is consistent with this agreement;
13. The DEPARTMENT may cancel this AGREEMENT at any time giving to the PROVIDER not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled. Cause for cancellation of this AGREEMENT shall include but not be limited to failure of the PROGRAM to comply with the terms of this AGREEMENT, including but not limited to failure to provide training consistent with standards and failure to provide program data as specified in No. 8 above;
14. The PROGRAM may request cancellation of this AGREEMENT when there are extenuating circumstances adversely affecting the PROGRAM. Such cancellation must be requested in writing and include a description of the basis for the request, and shall require approval by the DEPARTMENT. Such approval shall not be unreasonably withheld.

This AGREEMENT shall be effective for the period beginning _____ and may continue in effect thereafter with the consent of both parties.

PROVIDER

By: _____
(Signature)

(Print Name)

(Title)

(Facility Name)

THE PEOPLE OF THE STATE OF NEW YORK

By: _____
Division of Family Health

Appendix C - Attachment V*

Sample Form For Consent/Refusal and Evidentiary Log

*Adapted from a form developed by St. Luke's-Roosevelt Hospital Center

Date: _____ Time of Exam: _____ AM/PM

Patient Name: _____ Contact No.: _____

S.A.F.E ** 1) _____ Contact No.: _____

Examiner(s) 2) _____ Contact No.: _____

Provider: _____ Dept.: _____ Contact No.: _____

(If not a S.A.F.E.** Examiner)

**Sexual Assault Forensic Examiner

Patient Consent/Refusal

I understand that if I consent, an examination for evidence of sexual assault and collection of possible evidence will be conducted. I understand that I may refuse to consent, or I may withdraw consent at any time for any portion of the examination. I understand that the collection of evidence may include photographing injuries, which may include injuries to the genital area. I understand that if I consent, such evidence will be released to the police at this time. If I do not consent to release of evidence at this time, such evidence will be preserved at the Hospital for not less than 30 days.

I consent to:

Physical Examination:	_____ Yes	_____ No
Photographing of Injuries:	_____ Yes	_____ No
Collection of Evidence:	_____ Yes	_____ No
Release of Evidence to Police:	_____ Yes	_____ No
Verbal Communications by Hospital Personnel with Prosecutorial Agency:	_____ Yes	_____ No

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

Print Name of Witness _____

LOG OF ITEMS TAKEN FROM PATIENT FOR EVIDENCE

1)	4)
2)	5)
3)	6)

Appendix C - Attachment V

COMPREHENSIVE SEXUAL ASSAULT ASSESSMENT FORM

PLEASE PRINT CLEARLY

1. INITIAL ASSESSMENT

Date of Birth: _____ Male _____ Female

___African Descent ___Asian/Pacific Islander ___Caucasian ___Hispanic Other_____

Physical Disability: ___Yes ___No If Yes describe_____

Primary Language if not English _____ Was interpreter used _____

2. PERTINENT PAST MEDICAL HISTORY

LMP: _____ Allergies_____

Medications:_____

Last Tetanus Immunization:_____ Hepatitis B Immunization Yes No If yes date_____

3. SEXUAL ASSAULT HISTORY

Date of Sexual Assault:_____ Time of Sexual Assault:_____AM/PM

Time Elapsed between Assault and Exam: _____days _____hours

Location of Sexual Assault (include exact address if known):_____

Type of Violations Perpetrated against Survivor during Sexual Assault:

Vaginal Contact	Yes	No	Unsure	Oral Contact (offender to survivor)	Yes	No	Unsure
Anal Contact	Yes	No	Unsure	Oral Contact (survivor to offender)	Yes	No	Unsure
Condom Used	Yes	No	Unsure				
Use of Foreign Object	Yes	No	Unsure	If Yes describe	_____		
Foam/Jelly/Lubricant	Yes	No	Unsure	If Yes describe	_____		
Use of Weapon	Yes	No	Unsure	If Yes describe	_____		
Other:	_____						

Brief Narrative of Assault (optional)_____

Actions Before or After Assault

Has the survivor had consensual sex within the last 72 hours? Yes No Unsure If Yes when:_____

After the sexual assault, has the survivor:

Urinated?	Yes	No	Bathed/showered?	Yes	No	Changed underwear?	Yes	No
Defecated?	Yes	No	Douched?	Yes	No	Changed clothes?	Yes	No
Vomited?	Yes	No	Brushed teeth?	Yes	No	Changed sanitary product?	Yes	No
			Used mouthwash?	Yes	No	Other:	_____	

Appendix C - Attachment V
COMPREHENSIVE SEXUAL ASSAULT ASSESSMENT FORM
PLEASE PRINT CLEARLY

4. PHYSICAL EXAMINATION General Appearance

General Medical Examination (use Traumagram on pages 6,7,8 as appropriate)

Colposcopic Examination – to be completed prior to pelvic exam and forensic evidence collection
(use Traumagram on pages 6,7,8 as appropriate)

Female

Labia majora_____

Vagina_____

Labia minora_____

Hymen_____

Clitoris_____

Cervix_____

Posterior fourchette_____

Perineum_____

Fossa navicularis_____

Anus_____

Periurethral_____

Rectum_____

Vestibule_____

Other_____

Male

Penis_____

Rectum_____

Perineum_____

Scrotum_____

Anus_____

Other_____

Pelvic/Genital Examination

Female

Labia majora_____

Vagina_____

Labia minora_____

Hymen_____

Clitoris_____

Cervix_____

Posterior fourchette_____

Perineum_____

Fossa navicularis_____

Anus_____

Periurethral_____

Rectum_____

Vestibule_____

Other_____

Male

Penis_____

Rectum_____

Perineum_____

Scrotum_____

Anus_____

Other_____

Appendix C - Attachment V
COMPREHENSIVE SEXUAL ASSAULT ASSESSMENT FORM
PLEASE PRINT CLEARLY

5. EXAMINATION TECHNIQUES

Direct Visualization	Yes	No	Evidence Kit Collected	Yes	No
Bimanual Exam	Yes	No	Photos Taken	Yes	No
Speculum Exam	Yes	No	Area(s) of Body Photographed:	_____	
Colposcopic Exam	Yes	No	_____		
Toluidene Blue	Yes	No	_____		
Wood's Lamp	Yes	No	_____		
Anoscope	Yes	No	_____		

6. DIAGNOSTIC TESTS

Pregnancy Test	Yes	No	Chlamydia	Yes	No
Gonorrhea: Cervical	Yes	No	VDRL	Yes	No
Urethral	Yes	No	Hepatitis B Serologies	Yes	No
Rectal	Yes	No	Specimens (urine and/or blood for diagnosis of drug-facilitated sexual assault)	Yes	No
Pharyngeal	Yes	No			

7. STI PROPHYLAXIS

Gonorrhea	Yes	No	Chlamydia	Yes	No	Trichomonas/BV	Yes	No	Hepatitis B	Yes	No
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8. HIV POST-EXPOSURE PROPHYLAXIS

Referral Sheet Completed (see next page) Yes No

9. POST-COITAL CONTRACEPTION

Yes No

10. REFERRALS GIVEN

Rape Crisis or Crime Victims Treatment Center _____ Gyn Clinic _____ Patient's Primary Care MD _____

11. CHAIN OF CUSTODY

Name of Person Receiving Evidence _____

ID#/Shield# _____
Agency _____

ADDITIONAL NOTES OR COMMENTS

PROVIDER SIGNATURE

Appendix C - Attachment V

SAMPLE SEXUAL ASSAULT PATIENT HIV PEP: REFERRAL SHEET

PLEASE PRINT
CLEARLY

Patient Name: _____

Patient MR#: _____ Age of Patient: _____

Date of Assault: _____ Time of Assault: _____

Date of Emergency Department Visit: _____

Date of Patient's Follow-up Appointment: _____

Time 1st Dose of PEP Given: _____ Date (if different from ED Visit): _____

PEP Medications Given: _____

Labs Sent: CBC ☐ Yes ☐ No Chem 18 (Admission Panel) ☐ Yes ☐ No
Hepatitis B serology ☐ Yes ☐ No
Hepatitis C serology ☐ Yes ☐ No
Urine pregnancy test result: ☐ Positive ☐ Negative

Patient Rx'ed for GC, Chlamydia and Syphilis: ☐ Yes ☐ No Hep B Vaccine: ☐ Yes ☐ No

Emergency Contraception Provided: ☐ Yes ☐ No

Check here if patient requests **HIV testing only** (without HIV PEP): ☐

Provider Name: _____ ☐ MD ☐ PA ☐ NP ☐ RN
(Please print)

NOTE: Arrange for timely referral to clinic or provider for HIV PEP management.

Referral made to: _____

APPLICATION FOR SEXUAL ASSAULT FORENSIC EXAMINER TRAINING
PROGRAM ACCREDITATION
NEW YORK STATE DEPARTMENT OF HEALTH

Any entity interested in applying for accreditation as a DOH Sexual Assault Forensic Examiner (SAFE) training program **must** complete this application.

Please print or type responses and number all attachments sequentially. Return the completed questionnaire to:

Rape Crisis Program
Bureau of Women's Health
New York State Department of Health
Governor Nelson Rockefeller Empire State Plaza
Corning Tower, Room 1805
Albany, NY 12237-0621

Applicant Information

Permanent Facility Identifier Operating Certificate Number _____
(if appropriate) (if appropriate)

Name of Facility _____

No. and Street _____

City _____ State _____ Zip Code _____

Telephone Number _____ County _____

Training Program Contact Person: (please print)

First MI Last

Telephone Ext.

If not an academic institution, academic affiliation if any: _____

Type of Entity to Provide SAFE Training: ☐ College or University
☐ School of Nursing or Medicine
☐ Hospital Continuing Education Program
☐ Other _____
(specify)

Section A. Training Program Staffing

Number of staff who will be providing SAFE training

For each SAFE program faculty, including the Director, submit the following, as appropriate:

1. Name and title of SAFE program faculty member
2. Degrees and licenses/certifications held, and awarding institutions
3. Percent of time or number of hours per week that will be devoted to SAFE training program
4. Proposed role in training program
5. Number of years of training experience
6. Number of years of experience as a sexual assault forensic examiner (if none, so state)
7. Number of SAFE exams completed
8. Year in which last active as a SAFE examiner

Submit an organizational chart that will show the SAFE training program staff, and their relationship to the overall agency.

If your facility provides training in cooperation with other institutions, make sure that the roles and responsibilities of each institution are clearly delineated.

Section B. Indications of Need for Training Program

In a narrative not to exceed one page, describe:

1. The basis on which you judge there to be a need for an additional SAFE training program;
2. Evidence of any community support for this program, and
3. A description of the intended area from which applicants to the program will be drawn.

Section C. Training Curriculum

Number of hours of training in curriculum, of which ____ are clinical.

Submit a copy of your training curriculum, course schedule and related materials, and check below all components of training that are covered in the curriculum:

- ☐ Comprehensive training in the dynamics of sexual assault, types of sexual assaults, myths and facts about sexual assault, post traumatic stress and rape trauma syndrome, reactions of survivors and significant others, and the importance of a victim-centered, cooperative, interdisciplinary approach in the treatment of sexual assault survivors;
- ☐ The roles and responsibilities of the sexual assault forensic examiner;
- ☐ Identifying the components of crisis intervention and supportive techniques to be used with sexual assault survivors;
- ☐ Cultural/community considerations;

- ☐ Providing services to individuals with disabilities;
- ☐ Injury detection and documentation;
- ☐ Identifying the elements of physical assessment and evaluation of the patient reporting sexual assault;
- ☐ The collection and handling of forensic evidence;
- ☐ Documentation procedures;
- ☐ Testing for and treatment of sexually transmitted infections (syphilis, gonorrhea, chlamydia);
- ☐ Testing for and treatment of blood-borne diseases (e.g. HIV, hepatitis B, hepatitis C);
- ☐ Pregnancy risk assessment, pregnancy testing, and provision of emergency contraception;
- ☐ Use of specialized equipment (colposcope, camera, imaging, photography);
- ☐ Observing and practicing the clinical skills in completing the exam;
- ☐ Relevant laws, regulations and NYS standards;
- ☐ Judicial processes and providing courtroom testimony;
- ☐ Adolescents: parental rights/patient rights;
- ☐ Confidentiality and consent;
- ☐ Drug facilitated sexual assault;
- ☐ Interviewing skills;
- ☐ Ethical issues;
- ☐ Long term effects of sexual assault; and,
- ☐ Follow-up, referral.

In a narrative not to exceed 3 pages, describe:

1. The course goals and objectives;
2. Testing requirements and pass/fail criteria;
3. Attendance requirements and make-up procedure;
4. The course schedule and teaching strategies that are employed in the training program;
5. The didactic materials that are used;
6. The frequency and methods used to update the curriculum to conform to the latest forensic and medical standards;
7. Course evaluation methods; and
8. Pre- and post-testing of students.
9. If not already included in the curriculum, provide:
 - a. the number of clinical forensic exams to be observed,
 - b. the number conducted under close supervision, and
 - c. the number of forensic exams conducted by each student under general preceptorship.

Describe how the agency will ensure initial and ongoing competency and credentialing of SAFE program training staff, including standards for assessing ongoing competency of staff in providing SAFE services.

Section D. Program Resources

In a narrative not to exceed three pages, describe the following:

1. Classrooms, laboratories, administrative offices, and how these spaces are sufficient to accommodate the number of proposed students;
2. Equipment and supplies sufficient to accommodate the number of proposed students;
3. Library resources related to the curriculum as needed, and readily accessible to the students;
4. Clinical field experiences and supervised preceptorship opportunities, objectives, evaluation methods, including:
 - a. All clinical sites to be used
 - b. Indications of signed clinical affiliation agreements, as appropriate
 - c. List of clinical preceptors, qualifications, and contact telephone numbers
 - d. Description of method of selection/orientation/supervision of preceptors.

Section E. Attestations

Check the following boxes if you attest to each of the statements below:

- ☐ The proposed training program will assume responsibility for assessing that each student has mastered all key didactic and clinical competencies and can perform a sexual assault exam per New York State guidelines and current standards of practice, and will issue documentation to the student attesting to this. A duplicate of this document will be sent to the Department of Health. A copy of this document will be submitted by students along with their application as a NYSDOH Certified Sexual Assault Forensic Examiner.
- ☐ The proposed training program will keep an accurate record of attendance for each segment of the course, and have regular course evaluation and pre- and post-testing of recipients.
- ☐ Student files will be available for examination by the State as needed, and will be kept for a minimum of five years, inclusive of attendance records, interim examination results, practical skills examination results, clinical experience documentation, preceptorship notes, counseling notes, and any student correspondence.
- ☐ Students will be asked during the application process to this program to attest to the fact that he or she is not currently charged with a crime and has no criminal conviction of any type. Students with charges pending or previous convictions will not be accepted into the training program. This attestation form will be kept in the student's file for a period of five years.

Assurances

I, _____, _____
Name (please print) Title

as the authorized signatory for _____
Name of Training Agency

located at _____, the applicant for
Address

certification as a New York State DOH certified SAFE training facility, do hereby attest that the information submitted on this form and attached hereto is complete and correct.

Signed:

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Month Day Year Signature (Authorized Signatory of Training Agency)

Care for Suspected Child Abuse Victims

The NYS Child and Adolescent Sexual Offense Medical Protocol, distributed in 1997, was developed to serve as a resource to practitioners who have experience in the area of child sexual abuse. The Protocol is currently under revision. For additional information or copies of the current document, please call the NYS Rape Crisis Program at 518-474-3664.

In addition, the New York State Department of Health has awarded funding to the Child Abuse Referral and Evaluation (CARE) Program in the SUNY Health Science Center at Syracuse to develop the Child Abuse Medical Provider (CHAMP) network. CHAMP is a statewide network of medical providers specially trained to examine pediatric patients suspected of being sexually abused. The goal of CHAMP is to improve access to quality medical care for suspected child abuse victims by providing physicians, physician's assistants and nurse practitioners with the assessment and diagnostic skills to treat these children. The network has increased the number of accessible expert child sexual abuse medical providers. It is intended that providers will be available within each region within a practical traveling distance for children and families.

For more information about the CHAMP Network, contact:

Dr. Ann Botash
Director of the Child Abuse Referral and Evaluation (CARE) Program
Department of Pediatrics
University Health Care Center
90 Presidential Plaza
Syracuse, New York 13202.

Phone number: (315) 464-5831
Email: botash@upstate.edu
Web site: <http://www.upstate.edu/peds/care>